

Dear Colleagues,

The first two years of the *Journal of Contemporary Brachytherapy* are behind us. They brought us a great pleasure but also were a great challenge for the editors and members of editorial board because of relatively few radiotherapists in the world devoting his time to brachytherapy. It seems that this journal essentially improved possibility to present knowledge and achievements in the field of brachytherapy. Growing from the beginning, 69 scientists from 27 countries nowadays lead the Journal! In 2009 we have published 30 papers, in 2010 – 25, most of them were original papers. The reviewing process is constantly improved.

In the coming year of 2011 the JCB will be issued 4 times on paper and in electronic form, as it was in 2009 and 2010. In last year the Editorial Office along with the Publisher have started the process of indexing JCB. Now the Journal is indexed in Scopus, Index Copernicus, EMBASE (Excerpta Medica), Polish Medical Library (GBL), Directory of Open Access Journals (DOAJ). We wait for answers from Sci-Finder and ProQuest base. And in December 2010 we send the notification to PubMed Central.

Next planned index is Science Citation Index Expanded (SciSearch). Indexes from so called Philadelphia list (PubMed, Index Medicus/MEDLINE, Current Contents, etc.) and Journal Citation Reports/Science Edition are very important in journal indexing but we must go through all the stages. In order to achieve next steps, we urgently require good, original papers of international origin and numerous citations in other papers. Please cite JCB articles in your papers. Not only clinical papers but also review papers, case reports, technical notes – are welcome.

Next year most of us will come to **London, for GEC-ESTRO Meeting (07-12.05.2011)**. It will be a very special Meeting, connected with ESTRO 30th Anniversary. I think that it will be a good possibility to meet together as Editors and Editorial Board of JCB. We will discuss about improvement of our Journal and proposed detailed themes: contents, profiles, publishing house, finances, distribution, advertisement politics, cooperation with GEC-ESTRO, etc.

And finally some news from brachytherapy. Clinicians at Beaumont Hospital in Detroit, Michigan, have initiated a study of single-dose HDR brachytherapy in the treatment of men with low- and intermediate-risk, localized prostate cancer (clinical stage T1c through T2b tumors, a Gleason score of 6 or 7, and a PSA level > 15 ng/ml). According to the news story on the Beaumont Hospital web site, Martinez and his colleagues have now treated their first four patients with single-dose HDR brachytherapy, employing iridium-192 as the radiation source. They claim that – using this technique – they are able to deliver more radiation to the prostate, to increase the likelihood of effectively killing the cancer cells present, and to minimize radiation exposure to surrounding tissues. If single-dose, outpatient HDR brachytherapy can be shown to have the same quality of outcome as single-day, outpatient permanent seed brachytherapy, one can reasonably expect the popularity of this technique to increase. However, it may be a while before we have sufficient data to really know whether the long-term outcomes and side effects are comparable to those achieved with permanent seed brachytherapy.

Interesting research was published online Dec. 6 in the *Journal of Clinical Oncology*. Grace L. Smith of the University of Texas M.D. Anderson Cancer Center in Houston, and colleagues conducted a study of 6882 Medicare beneficiaries with private supplemental insurance to evaluate the frequency of, and factors influencing the use of, brachytherapy to deliver partial-breast irradiation after BCS for breast cancer. The researchers found that brachytherapy use (as an alternative to external-beam radiation after BCS) significantly increased from less than 1 percent in 2001 to 10 percent in 2006, a period of time correlating with U.S. Food and Drug Administration approval of the technique and the onset of Medicare reimbursement. Many factors influenced the odds of receiving brachytherapy, including node-negative disease (odds ratio [OR], 2.19), axillary surgery (OR, 1.74), non-health maintenance organization insurance (OR, 1.81), lower density of radiation oncologists (OR, 1.78), and higher density of surgeons (OR, 1.57).

And the last chosen interesting news is that about MIRAB: An Image-Guided Multichannel Robot for Prostate Brachytherapy, from Thomas Jefferson University and Hospitals. A team of scientists described the system. To date, twelve robotic systems have been developed worldwide for brachytherapy, especially for seed implantation. However, the only system that has provision for simultaneous insertion of multiple needles is the MIRAB system. This system should possess several potential advantages such as reduction of target displacement, edema, and operating time as compared to single needle insertion technique. Authors concluded the preliminary results revealed that the MIRAB is accurate and efficacious in needle placement and seed delivery. Multichannel procedure was faster and potentially can reduce edema and asymmetric displacement of needle and seeds.

I think we can expect a very interesting new 2011. I wish all readers, authors and reviewers, a lot of satisfaction from reading our magazine.

Kind regards
Editor-in-Chief
Janusz Skowronek, MD, PhD, Ass. Prof.